

Hospital Outpatient PPS Select Public Use File (PUF) Layout

FILE DESCRIPTION

This file contains select claim level data and is derived from 2001-2002 hospital outpatient PPS claims, updated through June 2002. That is, claims with dates of service from April 01, 2001-March 31, 2002 that were received, processed, and paid by June, 2002. This file includes more than 51 million claims, for services paid under the OPPS, including partial hospitalization, observation, multiple and single claims. This is a flat file available on cartridges. Requests for clarification of file description, layout, and definitions only can be accepted at (410) 786-0378.

FILE LAYOUT

* XR00.@DBT0992.OPP3.PUFILE.T0020801

* PUBLIC USE FILE RECORD FORMAT

| 01 FIELD NAME | FORMAT | POSITION |
|------------------------------|--|----------|
| 03 PROVIDER-NUMBER | PIC X(6). | 1- 6 |
| 03 BILL-TYPE | PIC X(2). | 7- 8 |
| 03 FROM-DATE | PIC S9(5)COMP-3. | 9- 11 |
| 03 PRINCIPAL-DIAGNOSIS | PIC X(5). | 12- 16 |
| 03 OTHER-DIAGNOSES | PIC X(45). | 17- 61 |
| 03 OUTLIER-PAYMENT | PIC S9(9)V99 COMP-3. | 62- 67 |
| 03 SERVICE-LINE-COUNT | PIC S9(3) COMP-3. | 68- 69 |
| 03 SERVICE-LINE | OCCURS 0 TO 300 TIMES DEPENDING ON SERVICE- LINE-COUNT | |
| 05 SERVICE-REVENUE- CODE | PIC X(4). | 1- 4 |
| 05 SERVICE-HCPCS | PIC X(5). | 5- 9 |
| 05 SERVICE-DATE-OFFSET | PIC S9(3)COMP-3. | 10- 11 |
| 05 SERVICE-UNIT-COUNT | PIC S9(7)COMP-3. | 12- 15 |
| 05 SERVICE-TOTAL- CHARGES | PIC S9(9)V99 COMP-3. | 16- 21 |
| 05 SERVICE-COST | PIC S9(9)V99 COMP-3. | 22- 27 |
| 05 SERVICE-REV- PAYMENT | PIC S9(9)V99 COMP-3. | 28- 33 |

CLAIM AND SERVICE LINE FIELD DEFINITIONS:

CLAIM FIELD DEFINITIONS

PROVIDER-NUMBER: The identification number of the institutional provider certified by Medicare to provide services to the beneficiary.

BILL-TYPE: The code derived by CWF to indicate the type of claim submitted by an institutional provider.

FROM-DATE: The date of service in quarter/year format

PRINCIPAL-DIAGNOSIS: The ICD-9-CM diagnosis code identifying the diagnosis, condition, problem or other reason for the outpatient encounter/visit shown in the medical record to be chiefly responsible for the services provided.

OTHER-DIAGNOSES: The ICD-9-CM code identifying the beneficiary's other diagnosis. This field can include up to nine ICD9 codes.

OUTLIER-PAYMENT: 2001 outlier payment. Value is zero if there is no outlier payment.

SERVICE-LINE-COUNT: The number of revenue codes appearing on the claim.

SERVICE LINE FIELD DEFINITIONS

SERVICE-REVENUE-CODE: The provider-assigned revenue code for each cost center for which a separate charge is billed. A cost center is a division or unit within a hospital (e.g., radiology, emergency room, pathology). Revenue center code "0001" is used to identify the claim "totals" line.

EXCEPTION: Revenue center code 0001 represents the total of all revenue centers included on the claim.

SERVICE-HCPCS: Healthcare Common Procedure Coding System (HCPCS) code for an item or service, is a collection of codes that represent procedures.

SERVICE-DATE-OFFSET: the number of days from the actual claim date of service. The actual claim date of service is not provided except in quarter/year format, and can be found in the "FROM-DATE" field. This "SERVICE-DATE-OFFSET" field can be used to determine when line items were provided in comparison to other line items on the claim. The value "-999" will be used to indicate that the original line date of service was missing from the data.

SERVICE-UNIT-COUNT: The number of units of the item or service delivered.

SERVICE-TOTAL-CHARGES: The total charges (covered and non-covered) for all accommodations and services (related to the revenue code) for a billing period before reduction for the deductible and coinsurance amounts and before an adjustment for the cost of services provided.

SERVICE-COST: The charges adjusted to cost using the hospital's specific cost center cost-to-charge ratio

SERVICE-REV-PAYMENT: The computed 2001 OPPS payment for a line item based on the payment APC. The "payment APC" refers to total payment, including deductible, coinsurance, and program payment.